

Substitute for form 1449A/PTO

**(Use as many sheets as necessary)**

Sheet	1	of	1
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**Complete if Known**

<b>Application Number</b>	09/489,864
<b>Filing Date</b>	01/24/2000
<b>First Named Inventor</b>	Allan L. Samson
<b>Art Unit</b>	2134
<b>Examiner Name</b>	Michael J. Simitoski
<b>Attorney Docket Number</b>	35010/097

## U.S. PATENT DOCUMENTS

[illegible]

## FOREIGN PATENT DOCUMENTS

[illegible]

**Examiner  
Signature**

Michael J. Santostevino

Date Considered

9/22/2005

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. \* Applicant's unique citation designation number (optional). \* See Kinds Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 901.04. \* Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). \* For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. \* Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. \* Applicant is to place a check mark here if English language Translation is attached.

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PTO/SB/21 (09-04)

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JFW 2134

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/489,864
Confirmation Number	6357
Filing Date	01/24/2000
First Named Inventor	Allan L. Samson
Art Unit	2134
Examiner Name	Michael J. Simitoski

Total Number of Pages in This Submission	16	Attorney Docket Number	35010/097
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**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of (1) foreign patent document Credit Card Payment Form (PTO-2038)
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Payment of the \$180.00 fee for submitting the Information Disclosure Statement is made by credit card. Attached hereto is Credit Card Payment Form (PTO-2038).

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	Setter Oilila LLC		
Signature			
Printed Name	Gregg L. Jansen		
Date	July 29, 2005	Reg. No.	46,799

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Julie M. Jung	Date	July 29, 2005

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